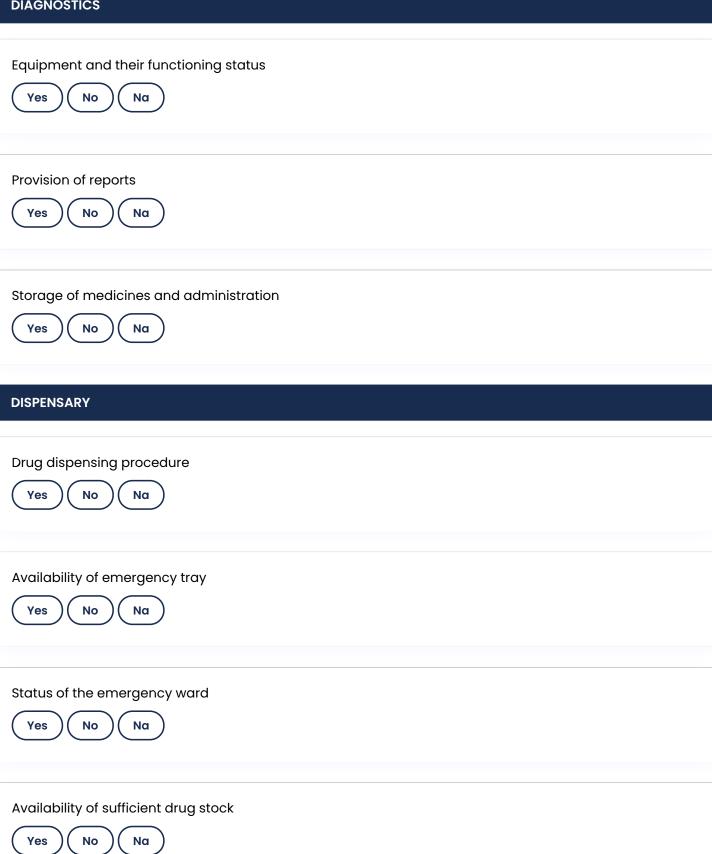
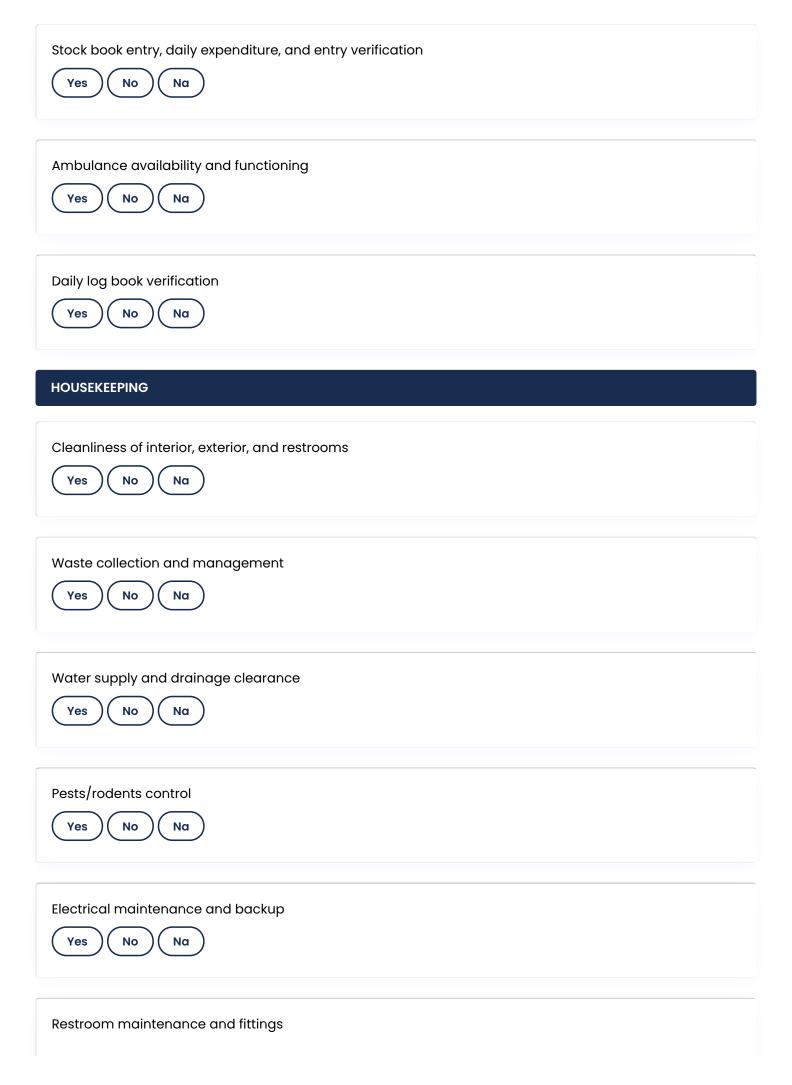
Surgical Checklist

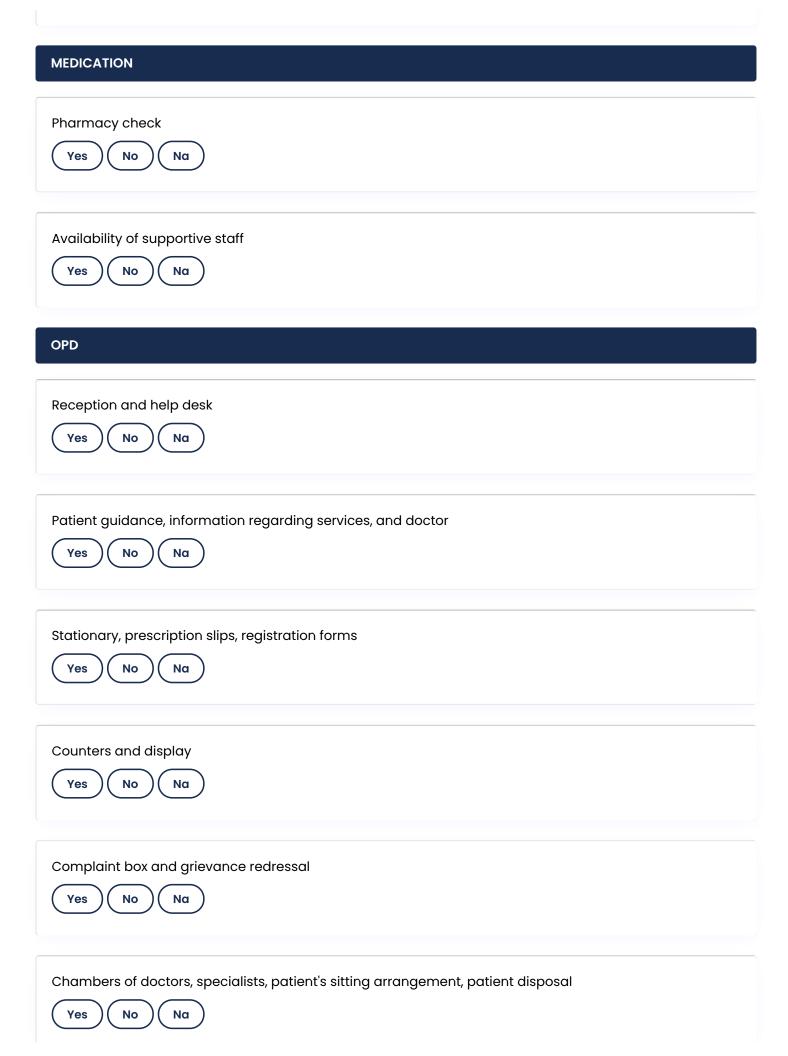
Health Services

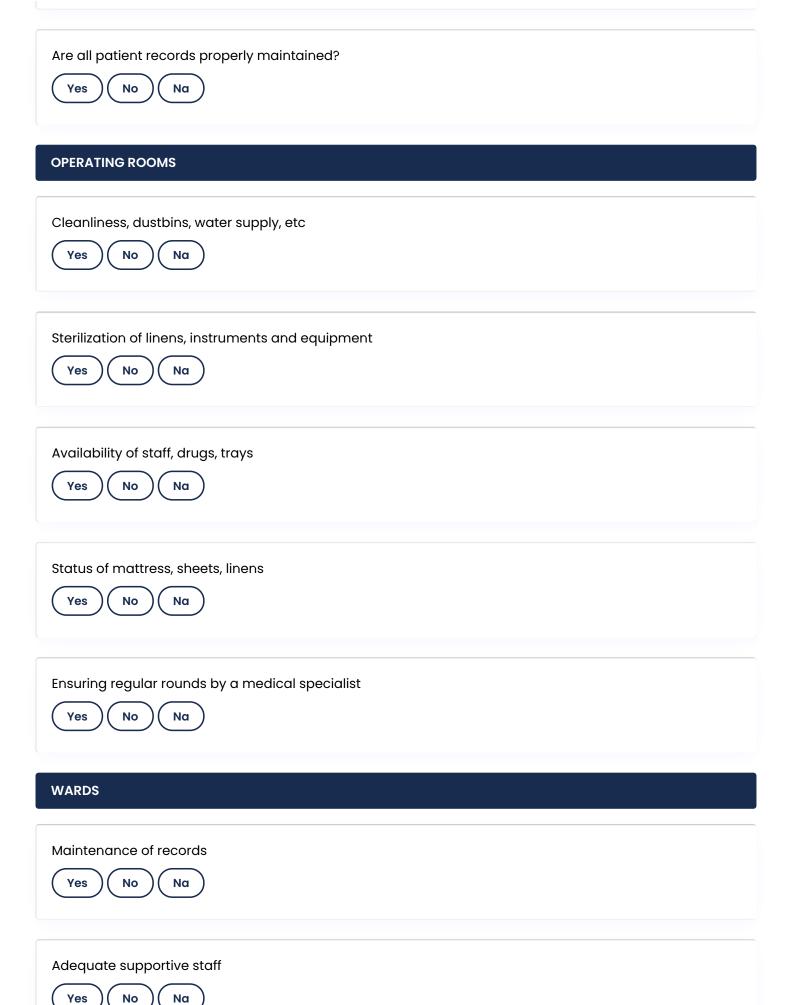
DIAGNOSTICS





Yes No Na	
Functioning of HVAC Yes No Na	
Cleanliness of utensils Yes No Na	
Timings of food supply Yes No Na	
Sanitization of kitchen and meal consumption areas Yes No Na	
Additional information	
Images	UPLOAD
Images	UPLOAD
Inspectors Name/signature:	SIGNATURE
Inspection Date:	
inoposition Bato.	DATE





Feedback from patients

(Yes)
(No)
(Na)